

Capital Area Integrated Delivery Network (IDN2)

Concord Hospital, Administrative Lead

Capital Region Health Care (CRHC), Primary lead

Semi-Annual Report Jul-Dec 2020



Capital Region Health Care, a charitable health delivery system committed to the concept of community-based healthcare, is the parent company of:

Concord Hospital

Concord Regional Visiting Nurse Association

Riverbend Community Mental Health, Inc.

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The **Capital Area Integrated Delivery Network (IDN2)** has, at its core, the longstanding relationship between Riverbend Community Mental Health, Inc. (Riverbend), Concord Hospital, and the Concord Regional Visiting Nurse Association (CRVNA). These entities have been committed to integrated health care for years under the umbrella of Capital Region Health Care. Delivery System Reform Incentive Payment (DSRIP) funds have allowed this group to strengthen and expand their existing work, collaborate more effectively with community-based organizations, and reach new populations. In addition to capacity building, training for providers and staff, and the creation of efficient systems and workflows, IDN2 has placed great emphasis on communication (both between organizations and between providers and patients/clients) and transitions (how do patient/clients safely and smoothly move between care sites). Patient/client outcomes, recovery, and success is always at the core of our work. This report illustrates the work IDN2 has done between January and June 2020.

PLEASE NOTE: *IDN2 ceased funding its projects in October 2020 after confirming with NH DHHS that it would not be receiving any substantial future funding. Post October 2020, many of the projects continued without reimbursement from IDN2. Some continue still.*

Project Plan Implementation (PPI)

Administration

IDN2 separates the key oversight tasks among its three core entities:

- Riverbend – Day to day operation, mental health and substance use
- Concord Hospital – Finance, medical
- CRVNA – Technology

The Chief Executive Officers (CEO) of these three entities along with two Chief Medical Officers (CMO) from Riverbend and Concord Hospital, a Chief Technology Officer from CRVNA, and a Chief Financial Officer (CFO) from Concord Hospital form the executive committee, which provides oversight of the entire DSRIP project and supervises the consultant Project Director. For Fiscal Year 2020, IDN2 has 4.45 FTE administration staff:

Employed by Concord Hospital:

- CHMG Liaison (.35)
- CH Project Director (1.00)
- IDN2 Financial Lead (.40)
- IDN2 Project Manager (.10)

Employed by Riverbend:

- IDN2 CEO (.15)
- IDN2 Administrative Assistant (.40)
- Bookkeeper (.50)
- Financial Data Analyst (.45)
- Human Resources (1.00)

Employed by CRVNA:

- IDN2 Technology Lead (.10)

In addition, there are project oversight staff who are listed under individual projects including the Director of Integration (1.00 hired by Riverbend). Most of the direct care staff are hired by Riverbend. Supervision of staff is provided through each hiring entities and supervision of the consultant Project Director is provided by the IDN2 executive committee.

Network

IDN2's members and their roles are listed on page 12 and 13. Many members worked directly on specific projects. Others served on workgroups and oversight committees. Still others sit on IDN's steering committee. IDN2 held quarterly all member meetings in every year of the project except 2020 due to COVID-19. In addition to formal members, IDN2 works with multiple stakeholders in the region and those organizations and activities will be listed under the individual project reports.

IDN2 works with the NH Department of Health and Human Services (NH DHHS) and all of the NH IDNs to facilitate statewide and regional solutions to behavioral health needs. IDN2 works collaboratively with this group on the collection of metrics, uses of data and technology to support integration, billing & coding for integration, behavioral health workforce development, and sustainability of the core components of the DSRIP projects once federal funding is no longer available.

The SUD Continuum of Care (CoC) facilitator was segued into a combined Complex Care Coordinator (under the Enhanced Care Coordination project) and administrative assistant position. This position was funded in the past by the Bureau of Drug and Alcohol Services (BDAS) to serve through the Division of Public Health Services (DPHS). Riverbend hired and oversaw this person until BDAS funding ended, at which time the position was funded by IDN2.

In response to the COVID-19 Pandemic DHHS convened IDN Response teams to collect important information from individuals and agencies who work with individuals on Medicaid who have social determinants of health (SDoH), behavioral health, and/or substance use disorders needs to help identify additional stressors the Pandemic was introducing to already vulnerable populations. The Complex Care Coordinator facilitated weekly one-half hour Zoom meetings from mid-April 2020 until October 2020 with approximately fourteen different agency leaders from MCOs, Concord Women's Crisis Center, McKenna Housing Shelter, Concord Coalition to End Homelessness, Concord Hospital Family Center, Waypoint, The Friends Program, and others to identify immediate safety needs of clients as it relates to housing security, food security, employment security, COVID-19 relief funds, testing sites, sanitation requirements, medical needs, behavioral health needs, transportation, and child care necessities.

The Complex Care Coordinator also facilitated the SUD Capital Area Leadership Team (CALT). CALT meets monthly and has grown to approximately 42 members from SUD providers, sober homes, New Futures (Legislative Advocacy), Concord PD, Concord Fire, Concord and Tri-Town EMS, Caring Clergy, CRVNA, Capital Area Public Health Network, City of Concord Welfare, Concord Substance Use Services, Choices Addiction Recovery, Parole, and Recovery organizations. CALT is a very interactive, supportive, and collaborative group and the impact of the networking the meeting has provided over the past four years has been significant according to its members. The Capital Area Leadership Team will continue to meet to identify gaps in services across the SUD continuum and inform state leadership teams. As of October 2020, these meetings have been facilitated by the Director of Public Health at Granite United Way.

IDN2 also has regular meetings with community entities (most are monthly) to conduct outreach and collaborate on a system of care for the region. Some of those include:

- Bow Community Resource Group
 - DCYF/Juvenile Justice
 - Bow School district SW
 - Weare School district SW
 - Waypoint
 - Bow Mills Methodist church

- Bow Police Department
- Concord Community Resource Group
 - Waypoint
 - Head Start
 - Wellsense
 - NH Healthy Families
 - The Children's place
 - Concord School district
 - Friends Emergency Housing,
- Concord Homeless Resource Provider
 - Concord Homeless Resource Ctr
 - Mckenna House
 - Concord City Welfare
 - Granite United Way
 - Concord Police Department
 - Veterans Services
 - Concord City Council representative
 - Friends Emergency Housing
 - Office of Public Guardian
 - Portsmouth Hospital
 - Riverbend
 - Senior Law Project
- Pembroke/Allentown Community Providers
 - Pembroke and Allentown School District
 - Pembroke/Allentown Police Department
 - Riverbend
 - Juvenile Justice
- Hillsboro area Resource Providers
 - Hillsboro-Deering school district
 - Hillsboro Town welfare
 - Southern NH Services
 - Hillsboro Police Department
 - Genesis project (juvenile Diversion)
 - Home Healthcare and Hospice
 - local churches

Governance

The IDN2 Committee is the “steering” committee that approves any actions and the budget. Its 15 members met quarterly and represented an array of provider and organization types. They did not meet after October 2020.

The IDN2 Executive Committee consisted of six members. The three Chief Executive Officers (CEO) of Capital Region Health Care's (CRHC) organizations: Concord Regional Visiting Nurse Association (CRVNA), Riverbend, and Concord Hospital (CH) head the Executive Committee. Other members of the Executive Committee include the clinical (RB, CH), technology (CRVNA), and financial (CH) leads. The Project Director attended these meetings and was guided in her day to day work by them.

The Finance Committee develops the budget and provides financial reports. It is comprised of

the Chief Financial Officers (CFO) of CRVNA, Riverbend, and Concord Hospital as well as IDN2s Managing CEO, Project Director, and Accountant.

The Executive and Finance Committees joined in 2020 to more efficiently oversee both finance and management of IDN2. They met through December 2020.

Finances

The chart below illustrates the profit & loss status of IDN2 over the five years of the project. IDN2 projected its budget with reference to the maximum attributed dollars associated with IDN2s performance across each metric. The delay in 2020 payments from NH DHHS and a lack of expected County contributions was the contributing factor to IDN2 not having sufficient funding to continue operations.

IDN2 Profit & Loss 2016-2020

	2016	2017	2018	2019	2020	Total	Max Attributed	Net Loss
Income	Year Received							
For 2016	\$2,395,030	\$548,140				\$2,943,170	\$2,943,170	
For 2017		\$1,369,247	\$1,040,627	\$328,620		\$2,738,493	\$2,738,493	
For 2018				\$1,746,084	\$815,415	\$2,561,499	\$2,738,493	\$(176,994)
For 2019					\$884,128	\$884,128	\$2,738,493	\$(1,854,365)
For 2020							\$2,839,919	\$(2,839,919)
Total	\$2,395,030	\$1,917,387	\$1,040,627	\$2,074,704	\$1,699,543	\$9,127,290	\$13,998,568	\$(4,871,278)
Carryover		\$2,272,314	\$3,031,715	\$1,495,819	\$482,144	\$(322,478)		
Total incl. Carryover	\$2,395,030	\$4,189,701	\$4,072,342	\$3,570,523	\$2,181,687	\$8,804,812		
Expenses	Year Incurred							
Admin			\$590,597	\$604,128	\$437,323			
BH Workforce			\$120,892	\$356,919	\$261,281			
HIT			\$251,923	\$166,902	\$112,317			
Integration			\$777,048	\$1,260,980	\$1,257,033			
Re-entry			\$211,825	\$207,392	\$101,026			
MAT			\$340,369	\$386,815	\$301,981			
ECC			\$152,845	\$105,243	\$57,642			
Total	\$122,716	\$1,157,985	\$2,576,523	\$3,088,379	\$2,504,165	\$9,449,768		
Net	\$2,272,314	\$759,402	\$(1,535,896)	\$(1,013,675)	\$(804,622)	\$(322,478)		
Net incl. carryover income	\$2,272,314	\$3,031,716	\$1,495,819	\$482,144	\$(322,478)	\$(644,956)		

Following is IDN2's detailed budget for all projects as well as administrative oversight and direct expenses shared by all projects.

FTE	Item	2020	2019	2018	2017	2016	TOTALS
PPI	Administration						
0.40	Accountant						

FTE	Item	2020	2019	2018	2017	2016	TOTALS
0.40	Admin Assistant						
0.35	CHMG Liaison						
0.50	Bookkeeper						
1.00	Consultant Project Director						
0.10	Technology Lead						
0.45	Financial Data Analyst -						
1.00	Human Resources						
0.15	IDN2 CEO						
0.10	Project Manager						
4.45	Administrative Staff	\$431,670	\$577,535	\$536,430	\$368,992	\$119,653	\$2,034,280
	Travel & Mileage	\$1,229	\$14,113	\$17,809	\$3,653	\$765	\$37,569
	Meeting Supplies	\$421	\$4,928	\$4,751	\$261	\$0	\$10,361
	Office Supplies	\$4,003	\$7,552	\$8,113	\$7,342	\$692	\$27,701
	Technology Equipment - In HIT	\$0	\$0	\$0	\$1,376	\$1,326	\$2,702
	Other Direct Expenses	\$0	\$0	\$0	\$486	\$281	\$767
PPI	Administration TOTAL	\$437,323	\$604,128	\$567,103	\$382,110	\$122,716	\$2,113,380
A1	Behavioral Health Workforce						
5.00	Peer Recovery Support Specialist						
1.00	Peer Engagement Specialist						
1.00	Family Support Peer - NAMI NH						
1.00	Youth Peer - Youth Move						
8.00	BH Workforce Staff	\$255,745	\$323,111	\$134,890	\$90,325	\$0	\$804,071
	Staff Training	\$5,130	\$31,530	\$25,926	\$20,294	\$0	\$82,880
	Recruitment	\$406	\$2,278	\$28,053	\$33,481	\$0	\$64,218
A1	BH Workforce TOTAL	\$261,281	\$356,919	\$188,869	\$144,100	\$0	\$951,169
A2	Health Information Technology						
0.70	Technology Support						
0.50	Data Analyst						
1.20	HIT Staff	\$55,027	\$86,943	\$105,536	\$9,833	\$0	\$257,339
	Technology Equipment	\$5,339	\$0	\$0	\$0	\$0	\$5,339
	Vendors, DM, ST, Interfacing	\$51,951	\$79,959	\$154,906	\$16,516	\$0	\$303,332
A2	HIT TOTAL	\$112,317	\$166,902	\$260,442	\$26,349	\$0	\$566,010
B1	Integration						
1.00	APRN						
2.00	Case Manager						
1.10	Clinical Manager						
1.00	Director of Integrated Care						
6.00	Integrated BH Clinician						
3.00	Integrated Case Manager						
1.00	Medical Assistant						
1.00	Nurse Care Coordinator						
1.00	Practice Care Coordinator						
1.00	Peer Wellness Coach						
0.10	Practice Manager						
1.20	Psychiatrist						
1.00	RN						
20.40	Integration Staff	\$1,224,856	\$1,250,980	\$831,819	\$335,950	\$0	\$3,643,605
	Incentives	\$23,950	\$0	\$0	\$0	\$0	\$23,950
	Malpractice	\$8,227	\$10,000	\$9,999	\$5,000	\$0	\$33,226
B1	INTEGRATION TOTAL	\$1,257,033	\$1,260,980	\$841,818	\$340,950	\$0	\$3,700,781

FTE	Item	2020	2019	2018	2017	2016	TOTALS
C2	Community Reentry						
0.25	Program Assistant - Riverbend						
0.30	Psych APRN - Riverbend						
1.00	Case Manager - Riverbend						
1.55	Reentry Staff	\$100,884	\$196,947	\$234,926	\$153,291	\$0	\$686,049
	Testing Supplies	\$142	\$10,445	\$143	\$4,367	\$0	\$15,097
C2	REENTRY TOTAL	\$101,026	\$207,392	\$235,069	\$157,658	\$0	\$701,145
D1	Medication Assisted Treatment						
	MAT & Mentoring						
0.20	Coordinators (2 @ .10 each)						
0.50	Clinical Manager						
1.50	SUD Counselor						
2.20	Waypoint Contract for NAS						
4.40	MAT Staff	\$265,647	\$335,375	\$257,465	\$26,957	\$0	\$885,444
	Provider Incentives	\$36,334	\$51,440	\$37,416	\$5,520	\$0	\$130,710
D1	MAT TOTAL	\$301,981	\$386,815	\$294,881	\$32,477	\$0	\$1,016,154
E5	Enhanced Care Coordination						
0.40	Complex Care Coordinator						
0.50	Enhanced Care Coordinator						
0.10	Project Oversight						
1.00	ECC Staff	\$53,981	\$89,979	\$185,085	\$74,341	\$0	\$403,386
	Flex Funds	\$3,661	\$15,264	\$3,256	\$0	\$0	\$22,181
	ECC TOTAL	\$57,642	\$105,243	\$188,341	\$74,341	\$0	\$425,567
	TOTALS	\$2,504,165	\$3,088,379	\$2,576,523	\$1,157,985	\$122,716	\$9,449,768

Project A1: Behavioral Health Workforce Capacity Development

Studies, including those relied on by the all-IDN statewide behavioral health workforce taskforce, show that the key reasons for a behavioral health workforce shortage in NH are:

- Cumbersome rules around licensing, supervision, and out of state hiring.
- Low wages, most often due to low rates of Medicaid reimbursement for Community Mental Health Center (CMHC) services.
- Stigma surrounding working with those with mental health and substance use disorders.

IDN2 region had eleven integrated health care sites and there were consistently staff shortages. Turnover was at 15% throughout the project. Some of the integrated behavioral care clinicians left to work for MCOs, who could pay a better rate. Below are some of the ways that IDN2 tried to support recruitment and retention.

Recruitment / Hiring

- Hiring persons with the right mix of interest, experience, and skills and providing them with additional educational and training opportunities to advance their knowledge.
- Hiring at the top of the credential. For example, hiring APRNs to fill psychiatrist roles.
- Offering “sign-on” bonuses for IBHCs.
- Building a network of peers who could delivery recovery support services. IDN2 had at one time 5 peers working through Riverbend’s Choices site, all of whom eventually became Certified Recovery Support Workers (CRSW) so that Riverbend could bill for their services.

Retention

- Providing meetings, by project and/or role, for all IDN2 staff, whereby they can discuss and receive support for challenges and successes.
- Distributing learning opportunities to all IDN2 staff and encouraging participation, including through the availability of scholarships.
- Offering annual incentives for IBHCs who remain in their jobs.

Training

IDN2 placed a premium on training and paid for staff to attend trainings throughout this time period. The following list illustrates the types of trainings that staff attended:

Integration staff

- Mastering Telehealth and Anxiety Treatment in the Age of Social Distancing: Your guide to documentation, ethics and insurance
- Mental Models; the key to making reality-based decisions
- Interpersonal Relations Program, understanding personality at work
- Vision 2020 - This 2020 Conference celebrated the blend of emerging models and the continued evolution of current best practices. Participants exchanged ideas with and learned from the leaders of integrated behavioral health care practice, training, research, and policy while sharing new and exciting innovations.
- Annual Academy of Child and Adolescent Psychiatry meeting
- Endowment for Health Race and Equity Initiative: Taking Action as a member of the Health Workgroup
- Schwartz Center for Compassionate Care: What has the Pandemic Revealed about Health Equity and where do we go from here?
- Eating Disorders

- Understanding Trauma and the Young Adult (1 Hour) This webinar discussed trauma-informed care as related to working with the young adult population. Adverse Childhood Experiences (ACEs) and Epigenetics were explored and trauma-informed treatment approaches during intense periods of transition were discussed.
- NH Alliance for Healthy Aging webinar discussing Community Support Workers
- Teaching via zoom
- Population health management.

MAT staff

- Taking a closer look at Meth addiction and recovery
- Psychopharmacology: What substance use counselors should know
- Workplace Resilience
- Increasing effective supervision for SUD treatment
- Taking a closer look at Meth addiction and recovery
- Psychopharmacology: What substance use counselors should know
- Workplace Resilience
- Increasing effective supervision for SUD treatment
- 2 day virtual Behavioral Health Conference
 - Impact of Covid-19 on People who use
 - There's no place like home: homelessness in the wake of Covid-19
 - Advancing the LGBTQ+ diversity in your organization
 - Identifying and Managing Compassion Fatigue
 - Strategies to increase peer support specialists capacity to use Digital Tech in the Era of Covid-19
 - SUD Treatment in the ED and outpatient Care Settings
 - Do NH Youth Vape?
 - Therapeutic Cannabis: State of State
 - Women of Childbearing Age

ECC staff

- Understanding Trauma and the Young Adult (1 Hour) This webinar discussed trauma-informed care as related to working with the young adult population. Adverse Childhood Experiences (ACEs) and Epigenetics were explored and trauma-informed treatment approaches during intense periods of transition were discussed.
- Unconscious Bias
- Diversity Inclusion and Belonging
- Confronting Bias

IDN-level Workforce: Table of Key Organizational and Provider Participants

No key organizations, providers, or partners were off-boarded or added. As of October 2020, IDN2 no longer provided funding for projects and some organizations chose to lessen their involvement with the projects as a result of that.

Name of Organization	Type	A 1	A 2	B 1	C 2	D 1	E 5	Other
Ascentria Care Alliance	Community based organization							Steering
Bhutanese Community of NH	Community based organization							Steering
Boys & Girls Clubs Greater Concord	Community based organization							Referral
Capital Area Public Health Network	Public Health Network							Steering

Name of Organization	Type	A 1	A 2	B 1	C 2	D 1	E 5	Other
CATCH Neighborhood Housing	Community based organization							Steering
Community Action Program	Community based organization							Referral
Concord Coalition End Homelessness	Community based organization							Steering
Concord Family Medicine	Primary Care Practice	x	x	x		x		
Concord Family YMCA	Community based organization							Steering
Concord Hospital	Hospital	x	x			x	x	Steering
Concord Hospital OBGYN	Specialty Care Practice	x				x		
Concord Human Services	State Agency							Steering
Concord Regional VNA	Community based organization	x	x					Steering
Crotched Mountain	Community based organization							Referral
Dartmouth Hitchcock Concord	Primary Care Practice	x	x	x		x		
Dartmouth Hitchcock OB-GYN	Specialty Care Practice	x				x		
Epsom Family Medicine	Primary Care Practice	x	x	x		x		
Families in Transition	Community based organization							Referral
Family Health Center Concord	Primary Care Practice	x	x	x		x		
Family Health Center Hillsboro	Primary Care Practice	x	x	x		x		
Family Physicians of Pembroke	Primary Care Practice	x	x			x		
Fellowship Housing Opportunities	Community based organization							Referral
Granite Pathways	Community based organization							Referral
Granite State Independent Living	Community based organization							Referral
Granite United Way	Community based organization				x	x	x	Training
Internal Medicine at Horseshoe Pond	Primary Care Practice	x	x	x		x		
Life Coping, Inc.	Community based organization							Referral
Merrimack County DOC (Jail)	Correctional Facility	x	x		x			Steering
NAMI New Hampshire	Community based organization	x			x	x	x	Steering
New Hampshire Hospital	Hospital		x					Referral
NHADACA	Community based organization							Training
NH DOC (Prison)	Correctional Facility	x	x					
Penacook Family Physicians	Primary Care Practice	x	x	x		x		
Pleasant Street Family Medicine	Primary Care Practice	x	x	x		x		
Riverbend Community Mental Health	Behavioral Health Provider	x	x	x	x	x	x	Steering
Substance Use Services / Fresh Start	Behavioral Health Provider	x	x	x		x		
Sununu Youth Services	Correctional Facility	x	x					Referral
UNH Institute on Disability	University	x					x	Training
Waypoint - (Formerly CFS)	Community based organization	x	x			x	x	
Youth Move NH	Community based organization	x					x	Peers

Staffing (on IDN2 payroll) - All Projects

Provider Type	Project	FTE Need	12/18	6/19	12/19	6/20	Through 10/20
CEO	A1, A2, B1, C2, D1, E5	.15	.30	.30	.30	.15	.15
Technology Lead	A1, A2, B1, C2, D1, E5	.10	.10	.10	.10	.10	.10
CHMG Liaison	A1, A2, B1, C2, D1, E5	.35	.35	.35	.35	.35	.35

Provider Type	Project	FTE Need	12/18	6/19	12/19	6/20	Through 10/20
Accountant	A1, A2, B1, C2, D1, E5	.40	.40	.40	.40	.40	.40
Bookkeeper	A1, A2, B1, C2, D1, E5	.50	.50	.50	.50	.50	.50
Data Analyst	A1, A2, B1, C2, D1, E5	.45	.45	.45	.45	.45	.45
Human Resources	A1, A2, B1, C2, D1, E5	1	1	1	1	1	1
Project Director	A1, A2, B1, C2, D1, E5	1	1	1	1	1	1
Project Manager - CH	A1, A2, B1, C2, D1, E5	.20	.20	.20	.20	.20	.20
Administrative Assistant	A1, A2, B1, C2, D1, E5	.40	.40	.40	.40	.40	.40
Peers	A1, B1, C2, D1, E5	8.00	5.75	9.25	10.75	8.00	8
Tech Support	A2, B1	.70	.70	.70	.70	.70	.70
Data Analyst - CH	A2, B1	.50	.50	.50	.50	.50	.50
Integrated BH Clinicians	B1, D1	8	6	5	5	7	6
Integrated Case Manager	B1	3	2	2	3	3	3
Case Manager	B1, C2	2	3	3	3	3	3
Clinical Manager	B1, D1	1.6	1.6	1.6	1.6	1.6	1.1
Project Supervisor	B1, C2, D1, E5	1.45	1.45	1.45	1.45	1.45	1.45
Psychiatric Staff	B1, C2	1.2	2	1.7	1.7	1.2	1.2
Medical Assistant	B1	1	1	1	1	1	1
SUD Counselor	C2, D1	1.5	1	0	1.5	1.5	1.5
MAT Provider at Choices	D1	1	1.4	1.4	1	1	1
Registered Nurse	B1	1	0	0	0	1	1
Care Coordinator	B1, E5	1	1	1	1	1	2.4
Practice Manager	B1	.10	0	0	.10	.10	.10
Program Assistant	C2, E5	.30	.30	.30	.30	.30	.30
TOTALS		45.30	35.40	36.60	42.30	44.30	36.8

Provider Type	As of October, 2020
Master Licensed Alcohol and Drug Counselors	.20
Licensed Mental Health Professionals	5.45
Peer Recovery Coaches	7.00
Other Frontline Providers	20.00

Status of IDN2 Staff Oct-Dec 2020 – Post Funding

FTE	Project	Title	Same Position	Has the organization absorbed the cost?	New position	New Title	Left organization	Date of departure
0.10	ADMIN	Technology Lead	0.10	Yes				
0.15	ADMIN	Managing CEO	0.15	Yes				
0.80	ADMIN	Admin Assistant / CCC					0.8	10/23/20
0.50	ADMIN	Bookkeeper	0.50	Yes				
0.45	ADMIN	Financial Data Analyst	0.45	Yes				
1.00	ADMIN	Human Resources	1.00	Yes				
0.35	ADMIN	Medical Director	0.35	Yes				
0.40	ADMIN	Accountant	0.40	Yes				
0.10	ADMIN	Project Manager	0.10	Yes				
0.50	ADMIN	Data Analyst	0.50	Yes				

FTE	Project	Title	Same Position	Has the organization absorbed the cost?	New position	New Title	Left organization	Date of departure
1.00	BHWF	Peer	1.00	Yes				
1.00	BHWF	Peer	1.00	Yes				
1.00	BHWF	Peer	1.00	Yes				
1.00	BHWF	Peer	1.00	Yes				
1.00	BHWF	Peer Engagement Specialist	1.00	Yes				
0.50	ECC	ECC RENEW	0.50	Yes				
0.05	ECC	ECC Intake	0.05	Yes				
0.05	ECC	ECC Project Oversight	0.05	Yes				
1.00	ECC	Youth Peer	1.00	Yes				
1.00	ECC	ECC Counselor	1.00	Yes				
1.00	ECC	ECC Counselor	1.00	Yes				
0.20	ECC	ECC Oversight	0.20	Yes				
0.70	HIT	Staffing-Tech Support	0.70	Yes				
1.00	INT	Director of Integrated Care		Yes	1.00	Project Manager		
1.00	INT	Case Manager - Riverbend		Yes	1.00	Case Manager		
1.00	INT	Case Manager - CFM		Yes	1.00	Benefits Specialist		
1.00	INT	IBHC - Penacook		Yes	1.00	Clinician (CSP)		
1.00	INT	IBHC - Epsom		Yes	1.00	Clinician (RCA)		
1.00	INT	IBHC - Pembroke		Yes	1.00	Clinician		
1.00	INT	IBHC - PSFM					1.00	10/23/20
1.00	INT	Psychiatrist		Yes	1.00	Staff Psychiatrist		
1.00	INT	ICM - RICH	1.00	Yes				
1.00	INT	ICM - RICH	1.00	Yes				
1.00	INT	Clinical Manager - RICH					1.00	10/29/20
1.00	INT	NCC - RICH			1.00	Clinical Manager		
1.00	INT	Peer Wellness Coach - RICH	1.00	Yes				
1.00	INT	ICM - FHC			1.00	Community Health Coordinator		
1.00	INT	APRN - RICH	1.00	Yes				
1.00	INT	RN - RICH	1.00	Yes				
0.10	INT	Practice Manager - RICH	0.10	Yes				
1.00	INT	PCC - RICH	1.00	Yes				
1.00	INT	MA - RICH	1.00	Yes				
0.10	INT	Clinical Manager - RICH	0.10	Yes				
1.00	MAT	MAT & Mentoring	1.00	Yes				
0.05	MAT	Coordinator	0.05	Yes				
0.50	MAT	Clinical Manager	0.50	Yes				
1.00	MAT	SUD Counselor	1.00	Yes				
0.50	MAT	SUD Counselor	0.50	Yes				
1.00	MAT	PSS for CH SUS	1.00	Yes				
0.10	MAT	Coordinator	0.10	Yes				
1.00	MAT	Family Support	1.00	Yes				

FTE	Project	Title	Same Position	Has the organization absorbed the cost?	New position	New Title	Left organization	Date of departure
		Specialist						
0.25	Reentry	Program Assistant	0.25	Yes				
0.30	Reentry	Psych APRN					0.3	10/9/20
1.00	Reentry	Case Manager			1.00	Path Outreach Worker		
38.95			25.65		10.00		3.30	

Of the 38.95 FTE IDN2 staff, 25.65 were maintained in their same position and are funded by the hiring agency. 10.00 were hired within the same agency for a similar position. 3.30 left the hiring agency with which they worked.

Budget

FTE	Item	2020	2019	2018	2017	2016	TOTALS
A1	Behavioral Health Workforce						
5.00	Peer Recovery Support Specialist						
1.00	Peer Engagement Specialist						
1.00	Family Support Specialist - NAMI NH						
1.00	Youth Peer - Youth Move						
8.00	BH Workforce Staff	\$255,745	\$323,111	\$134,890	\$90,325	\$0	\$804,071
	Staff Training	\$5,130	\$31,530	\$25,926	\$20,294	\$0	\$82,880
	Recruitment	\$406	\$2,278	\$28,053	\$33,481	\$0	\$64,218
A1	BH Workforce TOTAL	\$261,281	\$356,919	\$188,869	\$144,100	\$0	\$951,169

Budget Narrative

Peer Recovery Support Specialist (PRSS) – These individuals with lived experience provide support and encouragement to those with SUD or co-occurring SUD and mental health needs.

Peer Engagement Specialist – This position provides oversight to the PRSS positions and assists with engagement of clients.

Family Support Specialist – This position supports the Enhanced Care Coordination (ECC) project for pregnant women receiving Medication Assisted Treatment (MAT)

Youth Peer – This is a contract per hour position to provide peer support for clients of the Enhanced Care Coordination (ECC) project for transitioning youth/young adults.

Staff Training – For all IDN2 staff; this is used as a tool for retention and to enable hiring someone with less experience. Peer Recovery Support Specialists are all undergoing CRSW training certification.

Recruitment – This is for advertising for open positions. At one point, it was also used to hire a “headhunter” to find psychiatric positions. That is no longer needed.

Project A2: IDN Health Information Technology (HIT)

IDN2 B1 Partners		
Capital Region Health Care		Dartmouth Hitchcock
Within Concord Hospital: Concord Family Medicine Epsom Family Medicine Family Health Center-Concord Family Health Center-Hillsboro Family Physicians of Pembroke Internal Medicine at Horseshoe Pond Penacook Family Physicians Pleasant Street Family Medicine CH-Substance Use Services	Within Riverbend: Children's Intervention Program (CHiP) CHOICES Community Support Program (CSP) RCA-Riverbend Counseling Associates Concord Regional VNA	Concord Primary Care

Evaluation Project Targets

Performance Measure Name	# of Participating Practices	Progress Toward Target				
		As of 12/31/18	As of 6/30/19	As of 12/31/19	As of 6/30/2020	As of 12/31/2020
Event Notification Services	17	7	15	17	17	17
Shared Care Plan	4	4	4	5	5	5
Closed Loop Referral	16	16	16	16	16	16
Data Reporting	15	15	15	15	15	0
Data Sharing	17	17	17	17	17	17
Care Coordination	17	17	17	17	17	17

Collective Medical Technologies (CMT) Event Notification Services and Shared Care Plan

As of the end of this reporting period the following IDN2 B1 provider sites continued to receive event notifications:

- 8 Concord Hospital primary care sites
- Concord Hospital Emergency Department
- 4 Riverbend-based programs
- Concord Regional VNA
- IDN2 Complex Care Program
- Dartmouth Hitchcock-Concord
- NAMI-NH
- NH Hospital loaded their first extract of encounter data onto the CMT platform. They need to make some modifications and expect to be fully automated in the first quarter of 2021. Once this extract is running smoothly, they will be adding a supplemental file that will include vaccination information of all vaccines given and the file will also have an anticipated discharge date for their patients.

Across the Concord Hospital primary care sites the overall takeaway is that CMT does not add significant value beyond the existing event notification facilitated by Cerner. It was also realized that not enough support or ongoing education was provided at the practice level to ensure 100% adoption and maintenance.

We explored and discussed the possibility of involving the Concord Hospital Medical Group nurse navigators in the CMT practice workflows as they directly oversee transitions of care for high-risk patients; however, this was not further pursued by leadership.

The Concord Hospital Project Management team does see the value of the existing ADT feed infrastructure as it will be instrumental in setting up the technical requirements to meet the new CMS Interoperability and Patient Access rule, CMS-9115-F that goes into effect in May of 2021. They are currently working with the CMT team on setting up and meeting this requirement.

Dartmouth-Hitchcock-Concord

- Their care coordinators continue to review all of the CMT event notifications via the portal and reach out to the patients based on the notifications.

Concord Regional VNA

- Their established daily workflows are in place and being utilized every day and will continue into 2021.

NAMI-NH

- As stated in the January to July 2020 report, similar usage exists for this reporting timeframe. No CMT activity during this time period based on their event notification criteria. They have a very small number of clients consenting to CMT.

Riverbend

- Their existing workflows remain in place and active and are eagerly awaiting information about how DHHS might leverage CMT for vaccine tracking.

IDN2 CMT Activity

IDN2 CMT Activity Summary July-Dec. 2020				
Facility Name	Total Active SCP's to date	# of SCP's authored	Event Notifications	Total ED Visits
Concord Family Medicine	N/A	N/A	402	N/A
Epsom Family Medicine	N/A	N/A	246	N/A
FHC-Concord	N/A	N/A	0	N/A
FHC-Hillsboro	N/A	N/A	145	N/A
Family Physicians of Pembroke	N/A	N/A	158	N/A
Internal Medicine HSP	N/A	N/A	177	N/A
Penacook Family Physicians	N/A	N/A	446	N/A
Pleasant Street Family Medicine	N/A	N/A	0	N/A
Substance Use Services	N/A	N/A	0	N/A
Concord Hospital	N/A	N/A	711	9800
Concord Regional VNA	N/A	N/A	2065	N/A
NAMI-NH	N/A	N/A	0	N/A
RB-ChiP	72	1	12	N/A
RB-CHOICES	184	1	36	N/A
RB-CSP	187	1	233	N/A
RB-RCA	23	0	95	N/A
IDN2-Complex Care	12	0	18	N/A
Dartmouth Hitchcock-Concord	N/A	N/A	0	N/A
Grand Totals	478	3	4744	9800

Data Reporting

IDN data reporting of the DSRIP measures ended officially as of the January to June 2020 measures and no reporting was required for the July through December timeframe.

IDN2 did submit their data for the yearly Assess 03 2019 in September. We also submitted a gap report to DHHS based on the sample report they sent to us for 2019's yearly Care 03 data by the Oct. 2020 deadline to DHHS.

In August, we received from MAeHC our historical data files of our submitted DSRIP measure data for all established reporting periods.

Data Sharing

The Riverbend integration team configured the CareConnect Direct Messaging module into their production EMR environment and performed extensive testing.

Based on this testing, they realized that the module with its current hard coded configuration has limitations. It doesn't show all active care team members and diagnoses and some of the fields do not populate.

Another key limitation is that it doesn't prompt the end user of new notifications.

CareConnect is in their strategic plan and will be further evaluated as enhancements are added to the platform by the vendor.

Telemedicine:

During this timeframe, all IDN2 B1 sites continued to utilize Telehealth options to meet the needs of their patients.

Telehealth Visits Performed July-Dec. 2020	
Provider Site Name	# of Telehealth Visits
Concord Family Medicine	5493
Epsom Family Medicine	2698
Family Health Center-Concord	4635
Family Health Center-Hillsboro	1491
Family Physicians of Pembroke	1907
IMED HSP	681
Penacook Family Physicians	2689
Pleasant Street Family Medicine	2813
Total CHMG B1:	22407
Riverbend Community Services Program	17704
Riverbend Children's Intervention Program	15144
Riverbend Counseling Associates	6238
Riverbend Choices	1138
Riverbend PES	310
Total Riverbend:	40534
Spiritual Care	314
Medical Social Worker	510
Skilled Nursing	413
Occupational Therapy	7
Physical Therapy	3
Total CRVNA:	1247

At the Riverbend sites, they continue to support the telemedicine workflows that were put in place due to COVID-19. Direct staff who regularly provide video telehealth services will be onboarded with new telehealth devices and given paid Zoom accounts.

Closed Loop Referral - UniteUs

The team at Riverbend attended the UniteUs demonstration meetings and reviewed their platform workflows. The Doorway will be joining the network within the next quarter. Riverbend will continue to monitor the network status as organizations are onboarded into 2021 and determine if they will be also joining the network.

Representatives from Concord VNA attended and reviewed the UniteUs information and will follow the implementation progress for next steps as partners are onboarded in 2021.

Budget

FTE	Item	2020	2019	2018	2017	2016	TOTALS
A2	Health Information Technology						
0.70	Technology Support						
0.50	Data Analyst						
1.20	HIT Staff	\$55,027	\$86,943	\$105,536	\$9,833	\$0	\$257,339
	Technology Equipment	\$5,339	\$0	\$0	\$0	\$0	\$5,339
	Vendors, DM, ST, Interfacing	\$51,951	\$79,959	\$154,906	\$16,516	\$0	\$303,332
A2	HIT TOTAL	\$112,317	\$166,902	\$260,442	\$26,349	\$0	\$566,010

Budget Narrative

Technology Support – This individual is IDN2’s lead person on HIT, Data, and Tech support.

Data Support – This represents a number of people working in Concord Hospital’s data department. These individuals assist with data collection.

Technology Equipment – Hardware, software, cables, peripherals.

Vendors – This is MAeHC (now gone) and Collective Medical Technologies (CMT).

Project B1: Integrated Healthcare

Up until October 2020, IDN2 was providing funding to eleven integrated healthcare sites:

- Concord Hospital Family Health Center (FHC), Concord & Hillsboro
- Concord Hospital Medical Group (CHMG)
 - Concord Family Medicine (CFM)
 - Epsom Family Medicine (Epsom)
 - Family Practice of Pembroke
 - Internal Medicine Horseshoe Pond (IMED HSP)
 - Penacook Family Practice (Penacook)
 - Pleasant Street Family Medicine (PSFM)
- Concord Hospital Substance Use Services (CH SUS)
- Riverbend Mental Health Center, Inc. (Riverbend)
- Riverbend Integrated Center for Health (RICH)
- Dartmouth Hitchcock- Concord

The Family Health Center (FHC) has been an integrated health care site for many years and they continue that status now; however, they do not maintain official designation due to the fact that they are no longer administering the CCSA. They work closely with Riverbend as Riverbend's CEO is the VP for Behavioral Health at Concord Hospital. The Integrated Care Manager that IDN2 funded for the FHC left in October and is working as a Community Health Coordinator (a newly created position) at Concord Hospital in the Population Health department.

CH SUS continues to function in an integrated manner; however, cannot be designated as such as they are no longer administering the CCSA.

The CHMG practices were unable to maintain integrated status in the absence of IDN2 funding. The practices had just implemented the Collaborative Care Model at all of the integrated care sites. The IDN budget forecasted that funding would be available to support this initiative for another calendar year; the plan was to use this year to test the model's effectiveness and gather data to complete a financial model and determine feasibility. This work was not able to continue without anticipated funding.

IDN2 developed a CoCM implementation manual including a patient registry (updated to include substance use disorder), workflows, billing, job descriptions, and educational tools. This now resides with both Riverbend and Concord Hospital and can be used in the future when funding allows and/or shared with other entities who might be thinking about starting about a CoCM practice.

The CHMGs continue to collaborate with Riverbend and the Family Health Center for their patients who need behavioral health support and services. In January 2021, the CHMGs, Riverbend, and the Family Health Center initiated a series of meetings to develop strategies to continue with integrated health care at the CHMGs in a sustainable way. Billing opportunities and technology adaptations to capture productivity were discussed at the last meeting. In addition, a call was initiated by Concord Hospital and held with representatives from all across the Capital Region Health Care (CRHC) sites (Riverbend, Concord Hospital, VNA) to connect medical and behavioral health care, particularly with the numbers of individuals seeking behavioral health or social determinants of care help through their medical care provider rising with COVID-19. IDN2 feels that the work of the IDN helped to foment the importance of this type of collaboration. The agenda for that call, held in December 2020:

- Know what resources exist across our system

- Understand "hot spots" and challenges people are facing
- Brainstorm ideas to work better as a system, allocation of resources/work. Some examples:
 - Share understanding of resources for high priority areas.
 - Identify opportunities to share the load (you don't need everyone identifying all pantries that have food delivery and other services in our service area; one person could do it and share broadly)
 - Ability to schedule a quick call to huddle on a patient in need of help and see what we might bring to bear as a system

The RICH program is a partnership between Riverbend and Concord Hospital. When SAMHSA funding for that site ended, IDN2 was able to fund it for a year, which bridged it to the status it has now. Concord Hospital provides embedded primary care services and Riverbend provides behavioral health, care coordination, and wellness support to seriously mentally ill (SMI) individuals who are eligible for the Community Services Program at Riverbend.

Riverbend and Dartmouth Hitchcock- Concord maintain the integrated status they had while funded by IDN2.

Comprehensive Core Standardized Assessment (CCSA) statistics for each B1 site regarding numbers of Medicaid patients seen, administration of the CCSA, numbers referred for behavioral health services, and those receiving counseling for smoking cessation was not collected or reported during this time period. Data collection was first impacted by changes in work flow necessitated by the COVID-19 response. Post-October, all partners report that they do not have the capacity or resources to track these measures without IDN2 reimbursement. Reporting was further impacted by the discontinuation of data aggregation by MAeHC in June. Riverbend continues to administer the CCSA as part of their standard work flows but does not have the resources to report on the data.

Achievement of Coordinated Care Practice and Integrated Care Practice Designation

Achieved	Total Goal Number Designated	Baseline Designated 12/31/18	Number Designated 6/30/19	Number Designated 12/31/19	Number Designated 6/30/20	Number Designated as of October 2020	Number Designated as of 12/31/20
Coordinated Care Practice	11	11	11	11	11	11	3
Integrated Care Practice	11	11	11	11	11	11	3

Budget

FTE	Item	2020	2019	2018	2017	2016	TOTALS
B1	Integration						
1.00	APRN						
2.00	Case Manager						
1.10	Clinical Manager						
1.00	Director of Integrated Care						
6.00	Integrated BH Clinician						
3.00	Integrated Case Manager						
1.00	Medical Assistant						
1.00	Nurse Care Coordinator						
1.00	Practice Care Coordinator						

1.00	Peer Wellness Coach						
0.10	Practice Manager						
1.20	Psychiatrist						
1.00	RN						
20.40	Integration Staff	\$1,224,856	\$1,250,980	\$831,819	\$335,950	\$0	\$3,643,605
	Incentives	\$23,950	\$0	\$0	\$0	\$0	\$23,950
	Malpractice	\$8,227	\$10,000	\$9,999	\$5,000	\$0	\$33,226
B1	INTEGRATION TOTAL	\$1,257,033	\$1,260,980	\$841,818	\$340,950	\$0	\$3,700,781

Budget Narrative

Director of Integrated Care – This individual is IDN2’s lead person on Integration.

Case Manager – Case Manager is a bachelor’s level employee assisting clients with referrals and providing support throughout their engagement with services.

IBHC – Integrated Behavioral Health Clinicians are credentialed, master’s level employees and are the behavioral health member of the core integrated health care team.

ICM – Integrated Case Managers are similar to Case Managers but work exclusively within the integrated health care team.

Psychiatrist – Provides psychiatric consultation and medication management support.

Clinical Manager – Manages the RICH clinical processes.

NCC – Nurse care coordinator is a medical professional working within the integrated health care team.

Peer Wellness Coach – Someone with lived experience who works with clients on a Wellness Recovery Action Plan (WRAP).

APRN – For purposes of the integration project, this employee provides primary care at the Riverbend Integrated Center for Health (RICH)

RN – Registered Nurse who assists the APRN at RICH.

Practice Manager – Manages the RICH office.

PCC – Patient care coordinator who schedules patients, facilitates referrals to specialists, and routes patient concerns to the appropriate team member.

MA – Medical assistant who assists the APRN at RICH.

Projects C: Care Transitions-Focused

C2 Community Reentry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Health Issues

Merrimack County Department of Corrections (MCDOC) used the SOAR reentry program prior to engaging as a partner with IDN2. SOAR stands for Successful Offender Adjustment and Reentry. Based off of the highly successful TRAILS program in Sullivan County, the program has reduced recidivism well below the national average using a combination of cognitive-behavioral curriculum, case management, and post-release support. Eligibility is determined based on a thorough assessment of each individual's criminogenic risk. The IDN2 reentry program added a community-based element to SOAR at MCDOC and underscored the need for more individualized and focused behavioral health interventions and supports. Post IDN2, MCDOC continues with SOAR. In July 2020, a new Administrator of Programs and Services was hired by MCDOC. She formerly served as a master's level clinician in the SOAR program and had ideas to ensure that the program maintained a high level of clinical integrity. A criminal justice committee meeting was held wherein representatives from the court, prison, prosecutor, probation and parole, and public defender's offices provided updates about how they have adjusted their service delivery in the COVID-19 environment and shared reopening plans. The proposal that Riverbend submitted to MCDOC for continued services, and which was counter offered, did not end up being signed. Psychiatric consultation by Riverbend continued through 10/9/20 and case management and aftercare support continued through 10/16/20. No new participants were released during this time period. MCDOC has since transitioned internal staff to support the aftercare portion of the reentry program and released an RFP for psychiatric consultation.

Project Targets

Performance Measure Name	Target	Cumulative served to date	Progress Toward Target				
			12/31/18	6/30/19	12/31/19	6/30/20	12/31/20
Number of clients served	250 over five years	646	93	245	237	71	50 ¹

As stated above, IDN2 support of SOAR (inclusive of reentry) was suspended as of 10/16/20. As a result, the project lacked the staff and other resources to collect and report on the specific data points the project has been tracking. This is reflected in the table below:

Reentry Aftercare Data Jul-Dec 2020	Jul	Aug	Sep	Oct	Nov	Dec
Clients served pre-release	12	15	12	11	N/A	N/A
Of these, how many were new?	2	5	6	4	N/A	N/A
Of these, how many were continuing?	10	10	6	7	N/A	N/A
Clients served post-release?	27	27	27	25	N/A	N/A
Of these, how many were new?	2	2	3	4	N/A	N/A
Of these, how many were continuing?	25	25	24	21	N/A	N/A
How many received case management?	27	0	27	25	N/A	N/A
How many received individual therapy?	0	0	0	0	N/A	N/A
How many received group therapy?	25	27	27	25	N/A	N/A
Referred to SUD Services	4	1	2	5	N/A	N/A
Follow through rate	1	1	1	2	N/A	N/A
Referred to MH Services	2	0	2	1	N/A	N/A

¹ Represents the number of clients served through 10/16/20

Follow through rate	2	0	1	1	N/A	N/A
Referred to Primary Care	1	0	0	3	N/A	N/A
Follow through rate	1	0	0	0	N/A	N/A
Clients completing 12 months of service?	1	0	0	1	N/A	N/A

MCDOC provided IDN2 with broad, cumulative data through November 2020. Given that the project is no longer receiving any funding or other support from IDN2, future data will not be included in subsequent reports.

- 47 SOAR clients have graduated the SOAR program
- 30 SOAR clients are in the community participating on the SOAR program
 - Completed Electronic Monitoring and released/supervised by probation on their early release date
 - Currently supervised on Electronic Monitor by MCDOC
- 56 Terminated/Discharged from the SOAR program
 - Violation of Probation
 - Terminated by MCDOC
 - Discharged due to Mental Health Issues / Overdose
- 133 Total SOAR Clients from 01/2016 to 11/2020
- **8.0% Recidivism Rate** of all 47 clients that have graduated from the SOAR program

Budget

FTE	Item	2020	2019	2018	2017	2016	TOTALS
C2	Community Reentry						
0.25	Program Assistant - Riverbend						
0.30	Psych APRN - Riverbend						
1.00	Case Manager - Riverbend						
1.55	Reentry Staff	\$100,884	\$196,947	\$234,926	\$153,291	\$0	\$686,049
	Testing Supplies	\$142	\$10,445	\$143	\$4,367	\$0	\$15,097
C2	REENTRY TOTAL	\$101,026	\$207,392	\$235,069	\$157,658	\$0	\$701,145

Budget Narrative

Program Assistant – Creates client charts, scans documents, supports client and staff scheduling

Psychiatric APRN –Provides assessment, diagnosis, psychotherapy and prescribes medication.

Case Manager – Provides referrals and supports for enrolled individuals. Tracks progress. Co-leads group education courses.

Testing Supplies – For urinalysis toxicity screens

Projects D: Capacity Building Focused

D1 Medication Assisted Treatment (MAT) of Substance Use Disorders (SUD)

IDN2 funded a MAT project that provided MAT and SUD services in the region to primary care, behavioral health, hospital in-patient, and emergency room sites and supported fourteen (14) active MAT providers. Services include:

- Crisis stabilization
- Evaluations and assessments
- MAT induction and maintenance care
- Individual and group counseling
- Intensive outpatient programs
- Peer support from those with lived experience
- For pregnant and parenting individuals (including those who are incarcerated): home visits, wraparound services, and parent education classes
- Linkage to community services
- Connection to The Doorway and Mobile Crisis Services

Delivery of MAT in the region is accomplished through a HUB and SPOKE model. The HUBs are the two (2) SUD continuum of care sites in the region: CHOICES at Riverbend and Concord Hospital Substance Use Services (CH SUS). These two sites are also the oversight entities for The Doorway in this area.

CHOICES, a program of the B1 site Riverbend, has three (3) MAT providers (through Fusion) and CH SUS, its own B1 site, has one (1). These sites provide all of the above services and oversee the MAT project and PCP MAT providers with coordination, support, and ongoing education.

In addition, the HUBs provide MAT for the three (3) B1 sites who do not have an onsite MAT provider: Epsom Family Medicine, Family Physicians of Pembroke, and Penacook Family Medicine. The SPOKES are the nine (10) MAT providers at six (6) B1 sites: Concord Family Medicine, Dartmouth Hitchcock Concord, Family Health Center Concord & Hillsboro, Internal Medicine Horseshoe Pond, and Pleasant Street Family Medicine.

The MAT project continues to exist in the same way as it did under IDN2 with Concord Hospital, Riverbend, and Waypoint assuming the costs.

Below are individual and collective site statistics for this period of time. The numbers represent clients served:

D1 MAT Providers	B1 Location	Jul	Aug	Sep	Oct	Nov	Dec
Monica Edgar	HUB CH SUS	23	24	26	23	25	29
Choices (5 providers)	HUB Choices (5 providers)	53	43	44	45	53	56
DH-C (2 providers)	Dartmouth Hitchcock - Concord	27	27	36	36	36	35
Hilary Alvarez	Concord Family Medicine	4	5	5	5	5	5
Mary Hattan	Concord Family Medicine	3	4	4	4	4	4
Amy Martel	Concord Family Medicine	1	1	2	2	3	2
Dom Geffken	Family Health Center	6	6	6	7	7	7
Andrew Valeras	Family Health Center	2	1	0	0	0	0
Ian Waggett	Horseshoe Pond IMED	48	48	49	49	49	49
Patricia Clancy	Pleasant Street Family Medicine	1	3	3	4	4	4
Benjamin Colby	Pleasant Street Family Medicine	4	4	4	4	5	5
TOTAL		172	166	179	179	191	196

MAT Wraparound Services for Pregnant and Parenting Individuals

IDN2's E5 Enhanced Care Coordination project began with a 0-5-year-old category. Very quickly, that project began to work with the MAT patients who were pregnant or newly parenting. The project was considered a part of the MAT project. Since IDN2 had to stop funding the project in October, the wraparound work continues through Waypoint with help from funding through a Care Management Entity. The Bureau of Children's Behavioral Health is assisting Waypoint in locating funding to allow the work to continue. Waypoint continues to partner with NAMI NH and CHOICES at Riverbend. The UNH IOD continues to provide wraparound coaching. No data has been collected for the project beyond September 2020. Data collection was first impacted by changes in work flow necessitated by the COVID-19 response. Post-October, the project lacked the capacity or resources to track these measures without IDN2 reimbursement.

Waypoint – Wraparound for Pregnant & Parenting with SUD and/or receiving MAT	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
Individuals served during this period of time	15	14	14	N/A	N/A	N/A
Intake to determine eligibility	1	0	0	N/A	N/A	N/A
Decided not to participate	1	1	0	N/A	N/A	N/A
Of these, how many new?	1	0	0	N/A	N/A	N/A
Of these, how many continuing?	15	14	14	N/A	N/A	N/A
# of client contacts	78	52	52	N/A	N/A	N/A
# attending parent education	0	3	3	N/A	N/A	N/A
Discontinued service with linkage to other resources	0	0	0	N/A	N/A	N/A
Discontinued service without linkage to other resources	1	1	1	N/A	N/A	N/A
How many delivered	0	0	0	N/A	N/A	N/A
Placement outside the home	0	0	0	N/A	N/A	N/A

Project Targets

Performance Measure Name	Target	Cumulative Served to Date	Progress Toward Target				12/31/20
			12/31/18	6/30/19	12/31/19	6/30/20	
Number of individuals receiving MAT	300 over 5 years	826	142	82	162	206	234
Number of individuals receiving Wraparound Services	33 over 5 years	76	14	19	11	17	Through the end of September: 15

Budget

FTE	Item	2020	2019	2018	2017	2016	TOTALS
D1	Medication Assisted Treatment						
	MAT & Mentoring						
0.20	Coordinators (2 @ .10 each)						
0.50	Clinical Manager						
1.50	SUD Counselor						
2.20	Waypoint Contract for NAS						
4.40	MAT Staff	\$265,647	\$335,375	\$257,465	\$26,957	\$0	\$885,444
	Provider Incentives	\$36,334	\$51,440	\$37,416	\$5,520	\$0	\$130,710
D1	MAT TOTAL	\$301,981	\$386,815	\$294,881	\$32,477	\$0	\$1,016,154

Budget Narrative

MAT & Mentoring – Represents costs for the contractor Fusion to provide these services.

Coordinator – Directors of CHOICES and CH SUS.

Clinical Manager – Oversees and manages the clinical site.

SUD Counselor – A person qualified to provide counseling to those with SUD.

Waypoint Contract – To provide wraparound support and services for pregnant women receiving MAT.

Provider Incentives – Given to MAT providers at CH for their participation in MAT program.

Flex Funds Protocol – Flex Funds are intended as a one-time urgent supplement that will improve a family's ability to address and/or manage mental health or substance use disorder needs. Use of Flex Funds are time-limited and cost-efficient. All other sources of available revenues, i.e., Medicaid, Emergency Assistance, community partners, etc. must be ruled out and documented as ruled out, before Flex Funds may be accessed. The need for Flex Funds must be specifically documented and state how the use of Flex Funds is related to the child/family's service needs and will address the parent/child's mental health or substance use recovery needs.

Projects E: Integration Focused

E5 Enhanced Care Coordination for High-Need Populations

ECC RENEW

IDN2's ECC RENEW project used a model developed by the University of New Hampshire (UNH) Institute on Disability (IOD) called Rehabilitation for Empowerment, Natural Supports, Education, and Work (RENEW). RENEW is an evidence-informed, youth-driven planning process that focuses on school-to-adult life transition and the development of a network of people who will help the youth to achieve his or her goals. There are (4) phases in the RENEW process. Phase 1 begins with the youth making the decision that RENEW is the support they need. Then the youth works with a RENEW facilitator to develop a personalized plan that reflects who they are and where they want to go in life. In phase 2, the facilitator then supports the youth to recruit help and resources that are necessary to implement their plan. During the third phase, the facilitator mentors the youth to monitor progress toward goals and reflect on their experiences and outcomes. Finally, when the youth has developed strong self-determination skills, the youth then transitions out of RENEW into less intensive supports completing the fourth phase. It is an intensive program that serves fewer clients with a deeper level of services administered over a length of time. IDN2's RENEW project staff have been trained by and receive ongoing coaching from UNH IOD.

The transitional ages of 16-20 are especially challenging for youth/young adults who have multi-system involvement and/or do not have available and well-resourced guardians. The skills needed for successfully transitioning to adulthood; such as job finding, independent living, completing education, budgeting, becoming responsible for completing medical and legal forms, and developing a healthy and supportive network are often lacking. RENEW supports the young adult in establishing their goals, identifying the steps needed to achieve them, building a support system to help them and addresses some of the concrete barriers that can interfere, e.g. getting a copy of a birth certificate, transportation issues, financial support for finding a place to live. With a network of support and assistance with concrete resources, RENEW services helps the youth/young adult successfully bridge into the adult world.

When IDN2 wasn't able to continue funding RENEW, Riverbend absorbed it into their programs. The RENEW model continues to be offered to a broader group of young people. The staff member now supervises five others and they are working to increase referrals from schools. The project lacks the resources or capacity to continue to track the specific measures listed below without the financial support of IDN2. Further, the program is now fully incorporated into Riverbend which makes reporting on the project as outlined in the IDN2 business documents not possible.

ECC RENEW 2020 DATA	July-Sep	Oct-Dec²
Individuals served over during this period of time	6	5
New intake	0	0
Continuing in program	3	0
Left program	3	5
Newly placed outside the home	0	0
Returned to home from placement	0	0
Number enrolled in academic program	N/A	N/A

² Represents the clients served through October 2020 at which time resources were no longer available to support data collection.

Improved or sustained academic performance	N/A	N/A
Number Employed	N/A	N/A
New psychiatric hospitalizations	N/A	N/A
New legal offenses	N/A	N/A
CANS/ANSA # youth where actionable items increased	N/A	N/A
CANS/ANSA # youth where actionable items decreased	N/A	N/A
CANS/ANSA # youth where actionable items stayed the same	N/A	N/A
CANS/ANSA # youth with initial CANS completed	N/A	N/A
# unable to gather data on for this period	6	5

ECC Complex Care Coordination

The Complex Care Coordination project (CCC) came to a stand-still with COVID-19 and then disbanded completely when IDN2 ran out of funding. It was determined that partners were too absorbed in the COVID-19 response to put resources towards identifying clients for CCC and attending meetings. The project struggled to build momentum from its initiation and the competing priorities of COVID-19 compounded this issue. The Complex Care Coordinator focused efforts on supporting partners to aggregate changes to resources available in the community, including facilitating the COVID-19 response team meetings. These meetings were designed to collect important information from individuals and agencies who work with individuals on Medicaid who have social determinants of health (SDoH), behavioral health, and/or substance use disorders needs to help identify additional stressors the Pandemic was introducing to already vulnerable populations. The Complex Care Coordinator facilitated weekly one-half hour Zoom meetings from mid-April 2020 until October 2020 with approximately fourteen different agency leaders from MCOs, Concord Women's Crisis Center, McKenna Housing Shelter, Concord Coalition to End Homelessness, Concord Hospital Family Center, Waypoint, The Friends Program, and others to identify immediate safety needs of clients as it relates to housing security, food security, employment security, COVID-19 relief funds, testing sites, sanitation requirements, medical needs, behavioral health needs, transportation, and child care necessities. The Complex Care Coordinator also facilitated the Capital Area Leadership Team (CALT) meetings focused on a coordinated approach to addressing SUD in the area until October 2020.

Project Targets

Performance Measure Name	Target	Cumulative Served to Date	Progress Toward Target				
			12/31/18	6/30/19	12/31/19	6/30/20	
Total number served RENEW	33 over five years	34	7	9	5	9	Unknown
Total number served CCC	25 over 18 mos	23	N/A	2	7	4	Unknown

Budget

FTE	Item	2020	2019	2018	2017	2016	TOTALS
E5	Enhanced Care Coordination						
0.40	Complex Care Coordinator						
0.50	Enhanced Care Coordinator						
0.10	Project Oversight						
1.00	ECC Staff	\$53,981	\$89,979	\$185,085	\$74,341	\$0	\$403,386
	Flex Funds	\$3,661	\$15,264	\$3,256	\$0	\$0	\$22,181
	ECC TOTAL	\$57,642	\$105,243	\$188,341	\$74,341	\$0	\$425,567

Budget Narrative

Complex Care Coordinator – Oversaw the complex care project, COVID-19 response team, and CALT.

Enhanced Care Coordinator – Implemented the RENEW program at Riverbend.

Project Oversight – Oversees the entire ECC project.

Flex Funds Protocol – Please see page 31.

Project APM: DSRIP Alternative Payment Model (APM)

IDN2 has worked with DHHS and the IDNs to develop APMs to fund the work done through the demonstration project. IDN2 has an assigned person to work with the state on APMs. IDN2 supports partners in learning about APM initiatives.

There have been multiple meetings with MCOs regarding a Licensed Care Managed Entity (LCME) role for the IDNs to support future work.

With CoCM implementation, IDN2 had planned to do shadow billing to provide data relative to the volume of patients seen by IBHCs, the number of unique patients seen, the average number of visits, depression remission rates, and etc. This was to have contributed to financial modeling in support of a long-term sustainability plan for IBHCs and a psychiatric consultant. We were not able to implement the CoCM due to the funding situation described in the PPI portion of this report.

Concord Hospital and Riverbend are meeting regularly to develop a sustainability plan for integrated healthcare at the CHMGs and RICH.

Other program's sustainability has been noted in each individual section of this report.